



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

TAMARA PRISOCK – ADMINISTRATOR
DIVISION OF LICENSING & CERTIFICATION
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BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
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PHONE 208-334-6626
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September 11, 2015

Charlene Conilogue, Administrator
Idaho Surgicenter North
3369 A Merlin Drive
Idaho Falls, ID 83404

RE: Idaho Surgicenter North, Provider #13C0001035

Dear Ms. Conilogue:

This is to advise you of the findings of the Medicare Fire Life Safety Survey, which was concluded at Idaho Surgicenter North on September 2, 2015.

Enclosed is a Statement of Deficiencies/Plan of Correction, Form CMS-2567, listing Medicare deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. It is important that your Plan of Correction address each deficiency in the following manner:

1. Answer the deficiency statement, specifically indicating how the problem will be, or has been, corrected. Do not address the specific examples. Your plan must describe how you will ensure correction for all individuals potentially impacted by the deficient practice.
2. Identify the person or discipline responsible for monitoring the changes in the system to ensure compliance is achieved and maintained. This is to include how the monitoring will be done and at what frequency the person or discipline will do the monitoring.
3. Identify the date each deficiency has been, or will be, corrected.

Charlene Conilogue, Administrator
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4. Sign and date the form(s) in the space provided at the bottom of the first page.

After you have completed your Plan of Correction, return the original to this office by **September 24, 2015**, and keep a copy for your records.

Thank you for the courtesies extended to us during our visit. If you have any questions, please call or write this office at (208) 334-6626.

Sincerely,

A handwritten signature in black ink, appearing to read 'M P Grimes', with a long horizontal line extending to the right.

MARK P. GRIMES
Supervisor
Facility Fire Safety & Construction Program

MPG/lj

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13C0001035	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - ENTIRE ASC B. WING _____	(X3) DATE SURVEY COMPLETED 09/02/2015
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NAME OF PROVIDER OR SUPPLIER IDAHO SURGICENTER NORTH	STREET ADDRESS, CITY, STATE, ZIP CODE 3369 A MERLIN DRIVE IDAHO FALLS, ID 83404
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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K 000	<p>INITIAL COMMENTS</p> <p>The Ambulatory Surgery Center (ASC) occupies approximately 1200 square feet (sf) of a 3493 sf single story structure of un-protected wood frame construction that was completed in remodeled in 2006. It is attached to, but one (1) hour separated from, the attached clinic of the physician that practices in the ASC. The ASC is provided with a complete fire alarm system with full system smoke detection throughout the ASC. The fire alarm system is off-site monitored. The Essential Electrical System (i.e., emergency power) is designed/installed per NFPA Std 99 for a Type 3 system and is powered by an on-site automatic generator. A Portable ABC fire extinguisher is provided within the ASC and one in the clinic. There are two (2) exits accessible from the ASC and one from the attached clinic.</p> <p>The following deficiencies were found during the life safety code survey conducted on September 2, 2015, in accordance with the applicable life safety requirements set forth under 42 CFR 416.44 (b) for certification as an Ambulatory Surgery Center.</p> <p>The surveyor conducting the survey was: Sam Burbank Health Facility Surveyor Facility Fire Safety & Construction</p>	K 000	<p style="text-align: center;">RECEIVED SEP 24 2015 FACILITY STANDARDS</p>	
K 046	<p>416.44(b)(1) LIFE SAFETY CODE STANDARD</p> <p>Emergency illumination is provided in accordance with section 7.9. 20.2.9.1, 21.2.9.1</p> <p>This Standard is not met as evidenced by: Based on record review and operational testing, the facility failed to ensure emergency lighting</p>	K 046	<p><i>New battery was installed on 9-14-15. After receiving information regarding my size of generator Sam is going to advise me on testing required</i></p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Jerry C. Schneider</i>	TITLE <i>Director of Operations</i>	(X6) DATE <i>9.24.15</i>
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 046	<p>Continued From page 1</p> <p>was tested for thirty (30) seconds monthly and ninety (90) minutes annually. Failure to maintain emergency lights could result in lack of proper illumination during a power failure.</p> <p>Findings include:</p> <p>1) During the facility tour conducted on September 2, 2015 from 2:00 PM to 4:00 PM, testing of the southeast emergency light revealed it would not illuminate when tested.</p> <p>2) Review of the facility records provided demonstrated no monthly or annual testing was being conducted for the emergency lighting.</p> <p>Actual NFPA standard:</p> <p>20.2.9 Emergency Lighting and Essential Electrical Systems. 20.2.9.1 Emergency lighting shall be provided in accordance with Section 7.9.</p> <p>7.9.3 Periodic Testing of Emergency Lighting Equipment. A functional test shall be conducted on every required emergency lighting system at 30-day intervals for not less than 30 seconds. An annual test shall be conducted on every required battery-powered emergency lighting system for not less than 1 1/2 hours. Equipment shall be fully operational for the duration of the test. Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction. Exception: Self-testing/self-diagnostic, battery-operated emergency lighting equipment that automatically performs a test for not less than 30 seconds and diagnostic routine not less</p>	K 046	<p><i>Then we will be receiving a test that would alert us when the batteries are dead. This testing is conducted by Lonny Schneider, Dir of operations.</i></p> <p><i>Testing previously done annually by Young Electric when they did the generator servicing. This will now be done monthly by Lonny Schneider, Dir of Operations and recorded in the log</i></p> <p><i>The electrician showed me how to "trick" the generator into thinking the power is off so I can run a 30 sec. test on the lights. Our generator log will be updated to show these tests on a monthly basis. This will be tested and logged by Lonny Schneider</i></p>	

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K 046	Continued From page 2 than once every 30 days and indicates failures by a status indicator shall be exempt from the 30-day functional test, provided that a visual inspection is performed at 30-day intervals.	K 046		
K 050	416.44(b)(1) LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. 20.7.1.2, 21.7.1.2 This Standard is not met as evidenced by: Based on record review and interview, the facility failed to ensure that fire drills were conducted one (1) per shift per quarter. Failure to conduct fire drills would result in lack of staff preparation for fire events. Findings include: Review of provided fire drills found no indications of audible fire alarms being conducted for the second and third quarter of 2015. Actual NFPA standard: NFPA 101 Chapter 20 NEW AMBULATORY HEALTH CARE OCCUPANCIES 20.7* OPERATING FEATURES 20.7.1 Evacuation and Relocation Plan and Fire Drills. 20.7.1.1 The administration of every ambulatory health care facility shall have, in effect and available to all supervisory personnel, written copies of a plan for the protection of all persons in the event of fire, for their evacuation to areas of refuge, and for their evacuation from the building when	K 050	<i>The exactness of quarterly fire drills was discussed at our governing body mtg held on 9-11-15. We will now make sure fire drills with audible sound will be run in months 1-3 4-6 7-9 10-12 These will be conducted on schedule even if they don't coincide with our QI mtg. This will be conducted by Loring Schneider, Dir of Operations.</i>	

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K 050	Continued From page 3 necessary. All employees shall be periodically instructed and kept informed with respect to their duties under the plan. A copy of the plan shall be readily available at all times in the telephone operator's position or at the security center. The provisions of 20.7.1.2 through 20.7.2.3 shall apply. 20.7.1.2* Fire drills in ambulatory health care facilities shall include the transmission of a fire alarm signal and simulation of emergency fire conditions. Drills shall be conducted quarterly on each shift to familiarize facility personnel (nurses, interns, maintenance engineers, and administrative staff) with the signals and emergency action required under varied conditions. When drills are conducted between 9:00 p.m. (2100 hours) and 6:00 a.m. (0600 hours), a coded announcement shall be permitted to be used instead of audible alarms. Exception: Infirm or bedridden patients shall not be required to be moved during drills to safe areas or to the exterior of the building.	K 050	<i>Review of fire duties was conducted at our QI meeting on 8.21.15</i> <i>Drill was conducted on 9-11-15 to see these duties in action during our fire drill.</i>	